



RECREATION DEPARTMENT

The Heart of the Neighborhood



COED INDOOR SOCCER 2006

Registration & General Information

The program teaches the fundamentals of the game.

Registration is open to the inexperienced, as well as the experienced player.

MAIL-IN REGISTRATION:

Feb. 6 - Feb. 18

Registration postmarked before Feb. 6, or after Feb. 18 will not be accepted, and will be returned. Space is limited to a certain number of players, so register as soon as possible during the above dates. Once the league is filled, a waiting list will be established to fill vacant spots on established teams

Mail to:

Recreation Department

City of Chula Vista

ATTN: Youth Indoor Soccer / James Northum

276 Fourth Avenue, MS-R105

Chula Vista, CA 91910

ONLINE REGISTRATION:

Begins Feb. 6

www.chulavistaca.gov/rec

Click on "Online Registration" and type "Indoor Soccer" in the search area.

WALK-IN REGISTRATION*:

Feb. 20 - March 17

Parkway Gym

385 Park Way

2 - 7 pm, Monday - Friday

*Only to be held if there are still openings available.

Registrations that are incomplete (no birth certificate, no authorized signature, etc.) will not be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten (10) working days will be dropped from the program. Registrations with no fee included will be returned.

FEE:

\$35 Resident / \$44 Nonresident

Limited financial aid is available for qualified applicants. Request forms are available at the Parkway Gym. Applications will be accepted only through the mail-in registration procedure.

There are no refunds for this activity. No exceptions.

PARENT TRAINING

Parents or guardians of all participants are strongly encouraged to attend one of the Parent Training sessions presented by the Positive Coaching Alliance (see below schedule). Parents who do not attend may not be permitted to observe their child's soccer games during the season.

Wednesday, March 22, 6 - 8 pm, Chula Vista Youth Center

Saturday, March 25, 1 - 3 pm, Chula Vista Youth Center

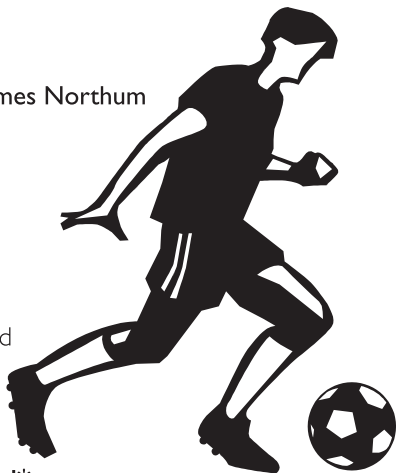
Tuesday, March 28, 6 - 8 pm, Chula Vista Youth Center

Our goal is to provide a safe and pleasant environment for your recreational enjoyment. Participants, parents, and spectators will be expected to follow the code of conduct at our facilities.

Requests for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored.

For more information, please call: (619) 691-5084

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.





COED INDOOR SOCCER REGISTRATION FORM



COED AGE DIVISIONS:

- A Born 1991 - 1993
- B Born 1994 - 1995
- C Born 1996 - 1997
- D Born 1998 - 1999

GAMES ARE PLAYED AT:

Chula Vista Community Youth Center (465 L Street)
Boys & Girls Club (1301 Oleander)
Otay Recreation Center (3554 Main Street)

PLAYER EVALUATIONS: Saturday, March 18
(All players must attend the player evaluations
at the Community Youth Center.)

Please arrive 15 minutes early.

- D 8 am
- C 10:30 am
- B 1 pm
- A 2:30 pm

FIRST GAME: Saturday, April 1
Post-season play ends: Saturday, June 10

One-hour practices will be held one to two times per week
(Monday - Friday), between 4 pm and 8 pm depending on the
availability of the volunteer coaches. Practices begin within one
week after evaluations.

Note: All volunteer coaches must attend the evaluation.

Does the participant require special accommodations for a successful experience?
Yes _____ No _____

For more information, please call: (619) 691-5084

FILL OUT COMPLETELY - PLEASE PRINT

PARTICIPANT NAME		SCHOOL		Male / Female	
Parent's Name		Home Phone:		Work Phone:	
ADDRESS		CITY		STATE ZIP	
Emergency Contact Name:		Emergency Contact Phone:			
Email:					
Child's Date of Birth: / /		Child's Height:		Child's Weight: Fee Enclosed \$	
Parent/Guardian: Are you interested in managing a team?		YES		NO	

IMPORTANT: A copy of each child's proof of age must be mailed with registration. If a copy was submitted with a prior application, another copy is not necessary.

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

I _____ (REGISTRANT), and I _____* (REGISTRANT'S parent or guardian),
acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

As a recipient of federal funds, the city of chula Vista cannot discriminate against anyone on the basis of race, color, sex, religion, national origin, age, mental or physical disability. If anyone believes he or she has been discriminated against, he or she may file a complaint alleging the discrimination with either the City of Chula Vista Recreation Department or the Office of Equal opportunity, US Department of the Interior, Washington, DC 20240.

OFFICE USE ONLY: Amount enclosed: \$ _____ Bank # _____ Check/Money Order # _____ City Receipt _____